

# NCI- PRO-CTCAE® ITEMS-ENGLISH (UNIVERSAL)

Item Library Version 1.0

**As individuals go through treatment for their cancer they sometimes experience different symptoms and side effects. For each question, please select the one response that best describes your experiences over the past 7 days...**

<b>1. PRO-CTCAE® Symptom Term: Dry mouth</b>				
a. In the last 7 days, what was the SEVERITY of your DRY MOUTH at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

<b>2. PRO-CTCAE® Symptom Term: Difficulty swallowing</b>				
a. In the last 7 days, what was the SEVERITY of your DIFFICULTY SWALLOWING at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

<b>3. PRO-CTCAE® Symptom Term: Mouth/throat sores</b>				
a. In the last 7 days, what was the SEVERITY of your MOUTH OR THROAT SORES at their WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
b. In the last 7 days, how much did MOUTH OR THROAT SORES INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

<b>4. PRO-CTCAE® Symptom Term: Cracking at the corners of the mouth (cheilosis/cheilitis)</b>				
a. In the last 7 days, what was the SEVERITY of SKIN CRACKING AT THE CORNERS OF YOUR MOUTH at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

<b>5. PRO-CTCAE® Symptom Term: Voice quality changes</b>				
a. In the last 7 days, did you have any VOICE CHANGES?				
<input type="radio"/> Yes		<input type="radio"/> No		

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## 6. PRO-CTCAE® Symptom Term: Hoarseness

a. In the last 7 days, what was the SEVERITY of your HOARSE VOICE at its WORST?

None

Mild

Moderate

Severe

Very severe

## 7. PRO-CTCAE® Symptom Term: Taste changes

a. In the last 7 days, what was the SEVERITY of your PROBLEMS WITH TASTING FOOD OR DRINK at their WORST?

None

Mild

Moderate

Severe

Very severe

## 8. PRO-CTCAE® Symptom Term: Decreased appetite

a. In the last 7 days, what was the SEVERITY of your DECREASED APPETITE at its WORST?

None

Mild

Moderate

Severe

Very severe

b. In the last 7 days, how much did DECREASED APPETITE INTERFERE with your usual or daily activities?

Not at all

A little bit

Somewhat

Quite a bit

Very much

## 9. PRO-CTCAE® Symptom Term: Nausea

a. In the last 7 days, how OFTEN did you have NAUSEA?

Never

Rarely

Occasionally

Frequently

Almost constantly

b. In the last 7 days, what was the SEVERITY of your NAUSEA at its WORST?

None

Mild

Moderate

Severe

Very severe

## 10. PRO-CTCAE® Symptom Term: Vomiting

a. In the last 7 days, how OFTEN did you have VOMITING?

Never

Rarely

Occasionally

Frequently

Almost constantly

b. In the last 7 days, what was the SEVERITY of your VOMITING at its WORST?

None

Mild

Moderate

Severe

Very severe

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<b>11. PRO-CTCAE® Symptom Term: Heartburn</b>				
a. In the last 7 days, how OFTEN did you have HEARTBURN?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
b. In the last 7 days, what was the SEVERITY of your HEARTBURN at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

<b>12. PRO-CTCAE® Symptom Term: Gas</b>	
a. In the last 7 days, did you have any INCREASED PASSING OF GAS (FLATULENCE)?	
<input type="radio"/> Yes	<input type="radio"/> No

<b>13. PRO-CTCAE® Symptom Term: Bloating</b>				
a. In the last 7 days, how OFTEN did you have BLOATING OF THE ABDOMEN (BELLY)?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
b. In the last 7 days, what was the SEVERITY of your BLOATING OF THE ABDOMEN (BELLY) at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

<b>14. PRO-CTCAE® Symptom Term: Hiccups</b>				
a. In the last 7 days, how OFTEN did you have HICCUPS?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
b. In the last 7 days, what was the SEVERITY of your HICCUPS at their WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

<b>15. PRO-CTCAE® Symptom Term: Constipation</b>				
a. In the last 7 days, what was the SEVERITY of your CONSTIPATION at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

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## 16. PRO-CTCAE® Symptom Term: Diarrhea

a. In the last 7 days, how OFTEN did you have LOOSE OR WATERY STOOLS (DIARRHEA/DIARRHOEA)?

<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
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## 17. PRO-CTCAE® Symptom Term: Abdominal pain

a. In the last 7 days, how OFTEN did you have PAIN IN THE ABDOMEN (BELLY AREA)?

<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
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b. In the last 7 days, what was the SEVERITY of your PAIN IN THE ABDOMEN (BELLY AREA) at its WORST?

<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
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c. In the last 7 days, how much did PAIN IN THE ABDOMEN (BELLY AREA) INTERFERE with your usual or daily activities?

<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much
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## 18. PRO-CTCAE® Symptom Term: Fecal incontinence

a. In the last 7 days, how OFTEN did you LOSE CONTROL OF BOWEL MOVEMENTS?

<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
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b. In the last 7 days, how much did LOSS OF CONTROL OF BOWEL MOVEMENTS INTERFERE with your usual or daily activities?

<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much
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## 19. PRO-CTCAE® Symptom Term: Shortness of breath

a. In the last 7 days, what was the SEVERITY of your SHORTNESS OF BREATH at its WORST?

<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
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b. In the last 7 days, how much did your SHORTNESS OF BREATH INTERFERE with your usual or daily activities?

<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much
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<b>20. PRO-CTCAE® Symptom Term: Cough</b>				
a. In the last 7 days, what was the SEVERITY of your COUGH at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
b. In the last 7 days, how much did COUGH INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

<b>21. PRO-CTCAE® Symptom Term: Wheezing</b>				
a. In the last 7 days, what was the SEVERITY of your WHEEZING (WHISTLING NOISE IN THE CHEST WITH BREATHING) at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

<b>22. PRO-CTCAE® Symptom Term: Swelling</b>				
a. In the last 7 days, how OFTEN did you have ARM OR LEG SWELLING?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
b. In the last 7 days, what was the SEVERITY of your ARM OR LEG SWELLING at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
c. In the last 7 days, how much did ARM OR LEG SWELLING INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

<b>23. PRO-CTCAE® Symptom Term: Heart palpitations</b>				
a. In the last 7 days, how OFTEN did you feel a POUNDING OR RACING HEARTBEAT (PALPITATIONS)?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
b. In the last 7 days, what was the SEVERITY of your POUNDING OR RACING HEARTBEAT (PALPITATIONS) at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

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## 24. PRO-CTCAE® Symptom Term: Rash

a. In the last 7 days, did you have any RASH?

Yes

No

## 25. PRO-CTCAE® Symptom Term: Skin dryness

a. In the last 7 days, what was the SEVERITY of your DRY SKIN at its WORST?

None

Mild

Moderate

Severe

Very severe

## 26. PRO-CTCAE® Symptom Term: Acne

a. In the last 7 days, what was the SEVERITY of your ACNE OR PIMPLES ON THE FACE OR CHEST at its WORST?

None

Mild

Moderate

Severe

Very severe

## 27. PRO-CTCAE® Symptom Term: Hair loss

a. In the last 7 days, did you have any HAIR LOSS?

Not at all

A little bit

Somewhat

Quite a bit

Very much

## 28. PRO-CTCAE® Symptom Term: Itching

a. In the last 7 days, what was the SEVERITY of your ITCHY SKIN at its WORST?

None

Mild

Moderate

Severe

Very severe

## 29. PRO-CTCAE® Symptom Term: Hives

a. In the last 7 days, did you have any HIVES (ITCHY RED BUMPS ON THE SKIN)?

Yes

No

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## 30. PRO-CTCAE® Symptom Term: Hand-foot syndrome

a. In the last 7 days, what was the SEVERITY of your HAND-FOOT SYNDROME (A RASH OF THE HANDS OR FEET THAT CAN CAUSE CRACKING, PEELING, REDNESS OR PAIN) at its WORST?

None

Mild

Moderate

Severe

Very severe

## 31. PRO-CTCAE® Symptom Term: Nail loss

a. In the last 7 days, did you LOSE ANY FINGERNAILS OR TOENAILS?

Yes

No

## 32. PRO-CTCAE® Symptom Term: Nail ridging

a. In the last 7 days, did you have any RIDGES OR BUMPS ON YOUR FINGERNAILS OR TOENAILS?

Yes

No

## 33. PRO-CTCAE® Symptom Term: Nail discoloration

a. In the last 7 days, did you have any CHANGE IN THE COLOR OF YOUR FINGERNAILS OR TOENAILS?

Yes

No

## 34. PRO-CTCAE® Symptom Term: Sensitivity to sunlight

a. In the last 7 days, did you have any INCREASED SKIN SENSITIVITY TO SUNLIGHT?

Yes

No

## 35. PRO-CTCAE® Symptom Term: Bed/pressure sores

a. In the last 7 days, did you have any BED SORES?

Yes

No

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<b>36. PRO-CTCAE® Symptom Term:</b> Radiation skin reaction					
a. In the last 7 days, what was the SEVERITY of your SKIN BURNS FROM RADIATION at their WORST?					
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe	<input type="radio"/> Not applicable

<b>37. PRO-CTCAE® Symptom Term:</b> Skin darkening	
a. In the last 7 days, did you have any UNUSUAL DARKENING OF THE SKIN?	
<input type="radio"/> Yes	<input type="radio"/> No

<b>38. PRO-CTCAE® Symptom Term:</b> Stretch marks	
a. In the last 7 days, did you have any STRETCH MARKS?	
<input type="radio"/> Yes	<input type="radio"/> No

<b>39. PRO-CTCAE® Symptom Term:</b> Numbness & tingling				
a. In the last 7 days, what was the SEVERITY of your NUMBNESS OR TINGLING IN YOUR HANDS OR FEET at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
b. In the last 7 days, how much did NUMBNESS OR TINGLING IN YOUR HANDS OR FEET INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

<b>40. PRO-CTCAE® Symptom Term:</b> Dizziness				
a. In the last 7 days, what was the SEVERITY of your DIZZINESS at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
b. In the last 7 days, how much did DIZZINESS INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

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<b>41. PRO-CTCAE® Symptom Term: Blurred vision</b>				
a. In the last 7 days, what was the SEVERITY of your BLURRY VISION at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
b. In the last 7 days, how much did BLURRY VISION INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

<b>42. PRO-CTCAE® Symptom Term: Flashing lights</b>	
a. In the last 7 days, did you have any FLASHING LIGHTS IN FRONT OF YOUR EYES?	
<input type="radio"/> Yes	<input type="radio"/> No

<b>43. PRO-CTCAE® Symptom Term: Visual floaters</b>	
a. In the last 7 days, did you have any SPOTS OR LINES (FLOATERS) THAT DRIFT IN FRONT OF YOUR EYES?	
<input type="radio"/> Yes	<input type="radio"/> No

<b>44. PRO-CTCAE® Symptom Term: Watery eyes</b>				
a. In the last 7 days, what was the SEVERITY of your WATERY EYES (TEARING) at their WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
b. In the last 7 days, how much did WATERY EYES (TEARING) INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

<b>45. PRO-CTCAE® Symptom Term: Ringing in ears</b>				
a. In the last 7 days, what was the SEVERITY of RINGING IN YOUR EARS at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

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<b>46. PRO-CTCAE® Symptom Term: Concentration</b>				
a. In the last 7 days, what was the SEVERITY of your PROBLEMS WITH CONCENTRATION at their WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
b. In the last 7 days, how much did PROBLEMS WITH CONCENTRATION INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

<b>47. PRO-CTCAE® Symptom Term: Memory</b>				
a. In the last 7 days, what was the SEVERITY of your PROBLEMS WITH MEMORY at their WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
b. In the last 7 days, how much did PROBLEMS WITH MEMORY INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

<b>48. PRO-CTCAE® Symptom Term: General pain</b>				
a. In the last 7 days, how OFTEN did you have PAIN?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
b. In the last 7 days, what was the SEVERITY of your PAIN at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
c. In the last 7 days, how much did PAIN INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

<b>49. PRO-CTCAE® Symptom Term: Headache</b>				
a. In the last 7 days, how OFTEN did you have a HEADACHE?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
b. In the last 7 days, what was the SEVERITY of your HEADACHE at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
c. In the last 7 days, how much did your HEADACHE INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

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<b>50. PRO-CTCAE® Symptom Term: Muscle pain</b>				
a. In the last 7 days, how OFTEN did you have ACHING MUSCLES?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
b. In the last 7 days, what was the SEVERITY of your ACHING MUSCLES at their WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
c. In the last 7 days, how much did ACHING MUSCLES INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

<b>51. PRO-CTCAE® Symptom Term: Joint pain</b>				
a. In the last 7 days, how OFTEN did you have ACHING JOINTS (SUCH AS ELBOWS, KNEES, SHOULDERS)?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
b. In the last 7 days, what was the SEVERITY of your ACHING JOINTS (SUCH AS ELBOWS, KNEES, SHOULDERS) at their WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
c. In the last 7 days, how much did ACHING JOINTS (SUCH AS ELBOWS, KNEES, SHOULDERS) INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

<b>52. PRO-CTCAE® Symptom Term: Insomnia</b>				
a. In the last 7 days, what was the SEVERITY of your INSOMNIA (INCLUDING DIFFICULTY FALLING ASLEEP, STAYING ASLEEP, OR WAKING UP EARLY) at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
b. In the last 7 days, how much did INSOMNIA (INCLUDING DIFFICULTY FALLING ASLEEP, STAYING ASLEEP, OR WAKING UP EARLY) INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

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<b>53. PRO-CTCAE® Symptom Term: Fatigue</b>				
a. In the last 7 days, what was the SEVERITY of your FATIGUE, TIREDNESS, OR LACK OF ENERGY at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
b. In the last 7 days, how much did FATIGUE, TIREDNESS, OR LACK OF ENERGY INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

<b>54. PRO-CTCAE® Symptom Term: Anxious</b>				
a. In the last 7 days, how OFTEN did you feel ANXIETY?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
b. In the last 7 days, what was the SEVERITY of your ANXIETY at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
c. In the last 7 days, how much did ANXIETY INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

<b>55. PRO-CTCAE® Symptom Term: Discouraged</b>				
a. In the last 7 days, how OFTEN did you FEEL THAT NOTHING COULD CHEER YOU UP?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
b. In the last 7 days, what was the SEVERITY of your FEELINGS THAT NOTHING COULD CHEER YOU UP at their WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
c. In the last 7 days, how much did FEELING THAT NOTHING COULD CHEER YOU UP INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

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<b>56. PRO-CTCAE® Symptom Term: Sad</b>				
a. In the last 7 days, how OFTEN did you have SAD OR UNHAPPY FEELINGS?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
b. In the last 7 days, what was the SEVERITY of your SAD OR UNHAPPY FEELINGS at their WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe
c. In the last 7 days, how much did SAD OR UNHAPPY FEELINGS INTERFERE with your usual or daily activities?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

<b>57. PRO-CTCAE® Symptom Term: Irregular periods/vaginal bleeding</b>		
a. In the last 7 days, did you have any IRREGULAR MENSTRUAL PERIODS?		
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not applicable

<b>58. PRO-CTCAE® Symptom Term: Missed expected menstrual period</b>		
a. In the last 7 days, did you MISS AN EXPECTED MENSTRUAL PERIOD?		
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not applicable

<b>59. PRO-CTCAE® Symptom Term: Vaginal discharge</b>				
a. In the last 7 days, did you have any UNUSUAL VAGINAL DISCHARGE?				
<input type="radio"/> Not at all	<input type="radio"/> A little bit	<input type="radio"/> Somewhat	<input type="radio"/> Quite a bit	<input type="radio"/> Very much

<b>60. PRO-CTCAE® Symptom Term: Vaginal dryness</b>				
a. In the last 7 days, what was the SEVERITY of your VAGINAL DRYNESS at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

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## 61. PRO-CTCAE® Symptom Term: Painful urination

a. In the last 7 days, what was the SEVERITY of your PAIN OR BURNING WITH URINATION at its WORST?

None       Mild       Moderate       Severe       Very severe

## 62. PRO-CTCAE® Symptom Term: Urinary urgency

a. In the last 7 days, how OFTEN did you feel an URGE TO URINATE ALL OF A SUDDEN?

Never       Rarely       Occasionally       Frequently       Almost constantly

b. In the last 7 days, how much did SUDDEN URGES TO URINATE INTERFERE with your usual or daily activities?

Not at all       A little bit       Somewhat       Quite a bit       Very much

## 63. PRO-CTCAE® Symptom Term: Urinary frequency

a. In the last 7 days, were there times when you had to URINATE FREQUENTLY?

Never       Rarely       Occasionally       Frequently       Almost constantly

b. In the last 7 days, how much did FREQUENT URINATION INTERFERE with your usual or daily activities?

Not at all       A little bit       Somewhat       Quite a bit       Very much

## 64. PRO-CTCAE® Symptom Term: Change in usual urine color

a. In the last 7 days, did you have any URINE COLOR CHANGE?

Yes       No

## 65. PRO-CTCAE® Symptom Term: Urinary incontinence

a. In the last 7 days, how OFTEN did you have LOSS OF CONTROL OF URINE (LEAKAGE)?

Never       Rarely       Occasionally       Frequently       Almost constantly

b. In the last 7 days, how much did LOSS OF CONTROL OF URINE (LEAKAGE) INTERFERE with your usual or daily activities?

Not at all       A little bit       Somewhat       Quite a bit       Very much

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## 66. PRO-CTCAE® Symptom Term: Achieve and maintain erection

a. In the last 7 days, what was the SEVERITY of your DIFFICULTY GETTING OR KEEPING AN ERECTION at its WORST?

<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe	<input type="radio"/> Not sexually active	<input type="radio"/> Prefer not to answer
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## 67. PRO-CTCAE® Symptom Term: Ejaculation

a. In the last 7 days, how OFTEN did you have EJACULATION PROBLEMS?

<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly	<input type="radio"/> Not sexually active	<input type="radio"/> Prefer not to answer
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## 68. PRO-CTCAE® Symptom Term: Decreased libido

a. In the last 7 days, what was the SEVERITY of your DECREASED SEXUAL INTEREST at its WORST?

<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe	<input type="radio"/> Not sexually active	<input type="radio"/> Prefer not to answer
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## 69. PRO-CTCAE® Symptom Term: Delayed orgasm

a. In the last 7 days, did you feel that it TOOK TOO LONG TO HAVE AN ORGASM OR CLIMAX?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not sexually active	<input type="radio"/> Prefer not to answer
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## 70. PRO-CTCAE® Symptom Term: Unable to have orgasm

a. In the last 7 days, were you UNABLE TO HAVE AN ORGASM OR CLIMAX?

<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not sexually active	<input type="radio"/> Prefer not to answer
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## 71. PRO-CTCAE® Symptom Term: Pain w/sexual intercourse

a. In the last 7 days, what was the SEVERITY of your PAIN DURING VAGINAL SEX at its WORST?

<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe	<input type="radio"/> Not sexually active	<input type="radio"/> Prefer not to answer
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## 72. PRO-CTCAE® Symptom Term: Breast swelling and tenderness

a. In the last 7 days, what was the SEVERITY of your BREAST AREA ENLARGEMENT OR TENDERNESS at its WORST?

None       Mild       Moderate       Severe       Very severe

## 73. PRO-CTCAE® Symptom Term: Bruising

a. In the last 7 days, did you BRUISE EASILY (BLACK AND BLUE MARKS)?

Yes       No

## 74. PRO-CTCAE® Symptom Term: Chills

a. In the last 7 days, how OFTEN did you have SHIVERING OR SHAKING CHILLS?

Never       Rarely       Occasionally       Frequently       Almost constantly

b. In the last 7 days, what was the SEVERITY of your SHIVERING OR SHAKING CHILLS at their WORST?

None       Mild       Moderate       Severe       Very severe

## 75. PRO-CTCAE® Symptom Term: Increased sweating

a. In the last 7 days, how OFTEN did you have UNEXPECTED OR EXCESSIVE SWEATING DURING THE DAY OR NIGHTTIME (NOT RELATED TO HOT FLASHES/FLUSHES)?

Never       Rarely       Occasionally       Frequently       Almost constantly

b. In the last 7 days, what was the SEVERITY of your UNEXPECTED OR EXCESSIVE SWEATING DURING THE DAY OR NIGHTTIME (NOT RELATED TO THE HOT FLASHES/FLUSHES) at its WORST?

None       Mild       Moderate       Severe       Very severe

## 76. PRO-CTCAE® Symptom Term: Decreased sweating

a. In the last 7 days, did you have an UNEXPECTED DECREASE IN SWEATING?

Yes       No

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<b>77. PRO-CTCAE® Symptom Term: Hot flashes</b>				
a. In the last 7 days, how OFTEN did you have HOT FLASHES/FLUSHES?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
b. In the last 7 days, what was the SEVERITY of your HOT FLASHES/FLUSHES at their WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

<b>78. PRO-CTCAE® Symptom Term: Nosebleed</b>				
a. In the last 7 days, how OFTEN did you have NOSEBLEEDS?				
<input type="radio"/> Never	<input type="radio"/> Rarely	<input type="radio"/> Occasionally	<input type="radio"/> Frequently	<input type="radio"/> Almost constantly
b. In the last 7 days, what was the SEVERITY of your NOSEBLEEDS at their WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

<b>79. PRO-CTCAE® Symptom Term: Pain and swelling at injection site</b>		
a. In the last 7 days, did you HAVE ANY PAIN, SWELLING, OR REDNESS AT A SITE OF DRUG INJECTION OR IV?		
<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Not applicable

<b>80. PRO-CTCAE® Symptom Term: Body odor</b>				
a. In the last 7 days, what was the SEVERITY of your BODY ODOR at its WORST?				
<input type="radio"/> None	<input type="radio"/> Mild	<input type="radio"/> Moderate	<input type="radio"/> Severe	<input type="radio"/> Very severe

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<b>OTHER SYMPTOMS</b>	
Do you have any other symptoms that you wish to report?	
<input type="radio"/> Yes	<input type="radio"/> No
<b>Please list any other symptoms:</b>	
1.	In the last 7 days, what was the SEVERITY of this symptom at its WORST?  <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Very Severe
2.	In the last 7 days, what was the SEVERITY of this symptom at its WORST?  <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Very Severe
3.	In the last 7 days, what was the SEVERITY of this symptom at its WORST?  <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Very Severe
4.	In the last 7 days, what was the SEVERITY of this symptom at its WORST?  <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Very Severe
5.	In the last 7 days, what was the SEVERITY of this symptom at its WORST?  <input type="radio"/> None <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Very Severe

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